



TheatreWorks, Birkenhead War Memorial Park, Recreation Drive, PO Box 34-455, Birkenhead, North Shore 0746
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EXPENSE CLAIM

Your Name:

Bank A/C No:

Total amount claimed:

Signature: Date:

Expenses for: (Play/maintenance etc)	Details (receipts attached)	Amount
Total		\$

Please leave this portion blank

Cheque No.	Sign	Date	\$
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